Recertification Report - CARF Accredited Organization

Provider Name			Provider Number	Begin Cert Date	End Cert Date
CIRCLE C RESOURC	ES		1336362805	12/30/2008	12/30/2009
Organizational Practices	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	In-compliance	Five staff files were reviewed, all staff met the qualifications of the services being provided, had results of background screenings, CPR and 1st Aid certification, CPI Certification, and documentation of participant specific training.	No	
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Focused)	The participant specific training form did not include skin integrity as part of positioning, general training on the IPC, and the title of trainer was not consistently signed.	No	12/14/2008
	Emergency Drills (CARF 1.E.)	In-compliance	Five locations were reviewed. All locations had documentation of emergency drills, with concerns identified when appropriate and follow-up to concerns when appropriate.	No	
	Emergency Procedures during Transportation (CARF 1.E.)	In-compliance	Four vehicles were observed and all had emergency procedures during transportation.	No	
	Internal Inspections (CARF 1.E.)	In-compliance	Five locations were reviewed. All locations had documentation of internal inspections, concerns identified when appropriate and follow-up to the concerns when appropriate.	No	
	External Inspections (CARF 1.E.)	In-compliance	Five locations were reviewed. All locations had documentation of current external inspections and identified concerns when appropriate. Four of the five (80%)contained follow-up to concerns identified.	No	

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In-compliance	With the exception of the issues addressed in this survey, the provider continues to make progress on recommendations from the previous survey.	No	
In-compliance	With the exception of the issues addressed in this survey, the provider continues to make progress on recommendations from the previous CARF survey.	No	
Recommendation (Focused)	The organization's most recent CARF survey identified the need to have ready access to poison control's number by personnel. Through observation and staff interview personnel did not have ready access to poison control's number.	Yes	12/8/2008
In-compliance	The provider's policy on incident reporting was reviewed and met applicable standards.	No	
In-compliance	5 of 7 staff (71%) interviewed were able to articulate functional knowledge of the Division's Notification of Incident Reporting process.	No	
In-compliance	The provider's policy was reviewed and met applicable standards. The provider reports that there have been no formal complaints or grievances filed in the past year.	No	
In-compliance	The provider's policy on rights was reviewed and met applicable standards.	No	
In-compliance	6 of 7 staff (86%) interviewed were able to articulate functional knowledge of participant specific rights and restrictions.	No	
	In-compliance Recommendation (Focused) In-compliance In-compliance In-compliance	survey, the provider continues to make progress on recommendations from the previous survey. In-compliance With the exception of the issues addressed in this survey, the provider continues to make progress on recommendations from the previous CARF survey. Recommendation (Focused) The organization's most recent CARF survey identified the need to have ready access to poison control's number by personnel. Through observation and staff interview personnel did not have ready access to poison control's number. In-compliance The provider's policy on incident reporting was reviewed and met applicable standards. In-compliance 5 of 7 staff (71%) interviewed were able to articulate functional knowledge of the Division's Notification of Incident Reporting process. In-compliance The provider's policy was reviewed and met applicable standards. The provider reports that there have been no formal complaints or grievances filed in the past year. In-compliance The provider's policy on rights was reviewed and met applicable standards. The provider's policy on rights was reviewed and met applicable standards. The provider's policy on prights was reviewed and met applicable standards.	survey, the provider continues to make progress on recommendations from the previous survey. In-compliance With the exception of the issues addressed in this survey, the provider continues to make progress on recommendations from the previous CARF survey. Recommendation (Focused) The organization's most recent CARF survey identified the need to have ready access to poison control's number by personnel. Through observation and staff interview personnel did not have ready access to poison control's number. In-compliance The provider's policy on incident reporting was reviewed and met applicable standards. In-compliance 5 of 7 staff (71%) interviewed were able to articulate functional knowledge of the Division's Notification of Incident Reporting process. In-compliance The provider's policy was reviewed and met applicable standards. The provider reports that there have been no formal complaints or grievances filed in the past year. In-compliance The provider's policy on rights was reviewed and met applicable standards. No In-compliance The provider's policy on rights was reviewed and met applicable standards. No In-compliance The provider's policy on rights was reviewed and met applicable standards. No In-compliance The provider's policy on rights was reviewed and met applicable standards.

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	Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	Suggestion	Through the participant specific file reviews, there were several instances in which the participant's original documents were included in the file, for example Social Security Cards and Birth Certificates. In order to help safeguard participant's identities and information, the provider is encouraged to consider alternate means of storage.	No	
	Behavior Plans (Chapter 45, Section 29)	In-compliance	One Positive Behavior Support Plan was reviewed, and it met the applicable requirements. The provider is encouraged to continue to work with the team and waiver specialist in the development of PBSPs.	No	
	Restraint standards (Chapter 45, Section28)	In-compliance	The provider's policy on restraint was reviewed and met applicable standards; in addition, the provider has a process to assess restraint usage that met applicable standards.	No	
	Transportation Requirements (CARF 1.E.9)	In-compliance	Four vehicles were observed and met applicable standards.	No	
Participant Specific Reviews	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	Recommendation (Focused)	3 of 4 participant files (75%) were reviewed. Per the provider documentation, the plans of care were being implemented appropriately. For Participant 3 PRN Valium was prescribed and was not immediately available in all service locations. In addition, PRN Valium was not listed on the medication record; it was incorrectly identified in the plan under medical issues and seizures. It was noted in incident reporting documentation that PRN medication was given without following the organization's protocol, and then was not documented in the medication record.	Yes	12/8/2008

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	Releases of Information (CARF 2.B.)	Suggestion	Four files were reviewed and the releases were found to be time limited, specific to what was being released, and to whom. It is suggested that the provider review their release of information form to help ensure it is being used as it is intended.	No	
	Emergency Information (CARF 2.B.)	Suggestion	Four files were reviewed and each file contained current emergency information which met applicable standards. It is suggested for Participant 1 that the organization review and update the emergency information sheet to include allergy status.	No	
	Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	In-compliance	Three of three participant files reviewed consistently included documentation of tracking of progress made on objectives.	No	
	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Recommendation (Focused)	Three of the four files reviewed contained billing and documentation which met applicable standards. Participant 2's Day Habilitation documentation was reviewed and in the months of July-September 2008, the documentation consistently was missing AM and PM on time in and out of service.	No	12/14/2008
Case Management Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 and 43, and DD rule, Chapter 1	In-compliance	Two of three files reviewed contained documentation of monthly and quarterly documentation which met applicable standards. Participant 3's documentation did not include documentation of quarterly reviews.	No	
	Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	Three of three files were reviewed and contained documentation of team meeting minutes which met applicable standards.	No	
	Development and Tracking of Objectives (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	Three of three files reviewed contained documentation of the development and tracking of objectives which met applicable standards.	No	

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	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	Three of three files reviewed contained documentation of monitoring the implementation of the plan which met applicable standards.	No	
Residential Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Focused)	Three homes were visited and showed evidence of maintaining a healthy and safe environment. Home 1 the front steps were not lit secondary to a burned out light bulb and presented a tripping hazard. In addition, the medication cabinet was unlocked and there were unsecured medications sitting on top of the cabinet. The medication record was found to be incomplete for the week previous to date of inspection.	Yes	12/8/2008
	Organization meets CARF Standards on Community Housing (CARF Section 4.J)	In-compliance	Through observation of services, the provider is meeting applicable standards in this area. The surveyors were able to visit a newly opened group home that was decorated per individual taste, presented a home like environment, and participants stated a high level of satisfaction.	No	
	The organization meets the standards in Chapter 45, section 23)	In-compliance	Through observation and review of provider documentation, the provider meets applicable standards in this area.	No	
Day Habilitiation, Employment Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	The organization meets the standards for Community Integration (CARF 4.E)	In-compliance	The organization meets the standards as evidenced by documentation review, participant interviews, and service observation.	No	

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	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Focused)	Through documentation review and service observation, the provider showed evidence of maintaining a healthy and safe environment with the exception of the storage area under the stairs where combustible materials were being stored under stairs and near the hot water heater.	Yes	12/8/2008
	Organization meets the standards for the service provided (CARF Standards and Medicaid rules)	In-compliance	The organization meets the standards at the service location, as evidenced by documentation review and service observation.	No	
Other Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment (CARF 1.E.10 and WMR Chapter 45, Section 23)	Suggestion	Through documentation review, staff interview, and service observation it is determined that the organization would benefit from a more formalized systematic approach to the delivery of medically related services.	No	
	Organization meets the standards for the service provided (CARF Standards and WMR Chapter 41-45)	In-compliance	Respite documentation was reviewed for one participant and it met applicable standards.	No	

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